

**THE IOWA ALLIANCE OF COMMUNITY MENTAL HEALTH CENTERS**  
**RECOMMENDATIONS TO THE IOWA GENERAL ASSEMBLY**  
**CONCERNING MENTAL HEALTH AND DISABILITY SERVICES SYSTEM REDESIGN**  
**HSB 646/SSB 3152**  
**February 21, 2012**

**About this Supplement B to Commentary #4**

This Supplement B makes recommendations concerning Senate sub-committee amendment 4169 which, if adopted, will be offered in the Senate Human Resources Committee this week as an amendment to SSB 3152.

Time constraints allow us to only briefly address the Alliance's chief concerns. We welcome the many improvements to the bill that in this amendment portends. A number were suggested by the Alliance for the inclusion of which we are appreciative.

When the bills reach the calendars we will provide a more complete analysis and likely a few additional suggestions for changes as noted below.

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*[References to page and line are to the amendment operations unless otherwise noted or context dictates.]*

**Operation 1.** Page 2, lines 41-42: As a general proposition we welcome the significantly enhanced regulatory role that this proposed amendment gives to the department in general and the director in particular. In the section cited here we support specifying the enhanced role of the administrator in rule making.

However, we are disappointed that the Mental Health & Disabilities Services Commission (the commission) would still have final authority for defining disability services. We would argue this is inconsistent with the overall thrust of the changes elsewhere in the amendment that strengthen the role of the department and its director.

There are several other provisions in SSB 3152 in which the commission is allowed to retain its sole or shared authority over important regulatory oversight functions. Most notably these relate to the Regional Service System Management Plans (RSSMP). For example, the most surprising omission is the absence of an amendment to SSB 3152, page 1, line 33 deleting the authority of the commission to specify by rule the requirements for a regional service system management plan (RSSMP). See also SSB 3152, page 3, lines 31-34 where the commission is given, and retains, the power to specify the elements for each separate RSSMP.

Both of these powers should be given to the department because they are, in addition to final RSSMP approval, the most powerful tools in the regulatory tool box. We noted in our

Supplement A to Commentary #4 the rationale for granting these powers to the department and making the commission an advisory rather than regulatory body. We need not repeat those here.

**Operation 7.** Page 6, lines 7-8 and lines 13-15: As drafted in the proposed amendment the commission is given final authority to approve annual updates to a region's three-year plan or any amendments to an approved plan. This is inconsistent with giving the director final authority to approve the initial plan. We urge this be re-drafted.

**Operation 13.** As this provision on Targeted Case Management is new language and addresses a major concern, the Alliance needs more time to consider its implications. However, it seems to address many of the concerns expressed by numerous interested parties. For that reason it may well be an improvement over the current language which the Alliance has endorsed. We may have additional comments on this item after further consideration.

**Operation 15.** As this is new language on "braided funding" we need more time to discuss its implications. That said, it appears to be an attempt to address an Alliance concern expressed in Commentary #1 that one of the great challenges to Redesign would be "blending diverse funding streams while simultaneously dividing those finite resources between system cost drivers of eligibility, covered services, administrative expenses, and provider payment levels."

**Operation 23.** Just a note that the line citation in line 18 should read '9' rather than '8.'

**Operation 27.** Page 8, line 50 to page 9, lines 1-7. We do not understand the rationale for preserving the commission's authority in section 225C.6 to define services to be included in the core services domains. The director is only given power to recommend those services. We are concerned that Transportation is not on the new list of core services. Perhaps this is a service that a region could add in support of accessing non-Medicaid services. Presumably transportation will be available for non-emergent purposes under the department's transportation broker contract.

**Operation 30.** This charges the commission with recommending a non-Medicaid expenditures growth factor to the department, the council of human services, and the governor. This seems to be a needless duplication of effort and expense and therefore we recommend deleting this as a commission responsibility. As we noted in Commentary #4, a commission recommendation would have limited credibility anyway.

**Operation 32.** This operation adds a provider representative of the Iowa Collaborative Safety Net Provider Network. This would be a good addition to the workforce study workgroup but we are disappointed that drafters declined to include by name a CMHC, an FQHC, a hospital with a psych unit, and an MHI. All of these are mentioned as required elements in forming a region. See our rationale in our previous briefs.

**Operation 37.** Our concerns noted above are the same with respect to the composition of the performance standards committee. We re-affirm our comments made in operation 32.

**Operation 38.** This provision references the commission's authority to establish outcome measurement methodologies, an authority we have recommended be transferred to the department director.

**Operation 40.** There is a provision giving the director, not the commission, authority for setting data collection (reporting?) requirements. [See SSB 3152, page 21, lines 29/30 as amended by operation 54] This operation is inconsistent with that grant of authority.

**Operation 45.** We need a rationale for this deletion.

**Operation 49.** This is one of the most problematic changes. While the director is given final approval authority for determining regional makeup, the director must share authority with the commission for granting waivers from regional population limits and the minimum number of counties. The rationale for this seeming inconsistency of authority is not apparent. In addition, the unique and undefined standard for exercising this power ("convincing evidence") remains. Our prior objections to this standard remain.

**Operation 56.** This operation concerns governance board composition. Thankfully the amendment prohibits more than one supervisor from each county. Also deleted is granting providers and consumers voting board membership. Also, the vote restrictions on "local public funding" matters is proposed for deletion. However, with the introduction of weighted voting on "finances, collective bargaining, and other finance-related matters" the invocation issue remains. How would that threshold legal issue be decided?

Unless the provision as written is intended to give each individual supervisor the unilateral and unchallengeable power to simply declare that such is the case. If so, it should be more clearly stated. However, we have concerns beyond by whatever means weighted voting is invoked. As stated by us in earlier writing, it is difficult to envision any important matter that does not fall under this language. That conclusion leads us to suggest that all votes be weighted votes. How this is resolved is ultimately of little consequence to the Alliance but some additional thought should be given to the matter.

**Operation 66.** We understand the deletion of the Subacute Facilities division was in error and we support its reinstatement.

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